D. Every item of infor-

	CERTIFICATE OF DEATH 03023
County Starford	Registration Dist. No. 184
Village of Oublin	No. St. Ward
21	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrsmosds
2. FULL NAME anna C, all	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5a. If merried, widowad, or divorced HUSBAND 4	21. DATE OF DEATH Marcel 24, 1933.7. (Month) (Day) (Year)
(or) WIFE of E, Thomas allen	22. I HEREBY CERTIFY, That I attended deceased from 1936, to 1934, 1934
6. DATE OF BIRTH (month, day, and year) July 0, 186	liast sawh realive on March 24, 1957; death is said
7. AGE Years Months Bays if LESS than 1 day,hrs.	to have occurred on the data stated above, at 2. 20 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Houseworks SAWYER, BOOKKEEPER, etc.	Datevionee
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacaasad last worked at this necentarion (month) and this necentarion (month) and this necentarion (month) and the same tin this second to the same tin the same tin this second to the same tin the same t	Cirleres Selvania
10. Data dacaasad last worked at this occupation (month and 1934) 11. Total tima (yaars) Spent in this occupation occupation	Myocarottis Chonos
12. BIRTHPLACE (Character) Start ord Co., (Stata or country)	Other Contributory Causes of Importanca:
13. NAME / nomas Clement	
13. NAME Nomas Clement 14. BIRTHPLACE (city or town) Cleck (Stata or country)	Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME Casandra Mc Con	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Casanara Mc Coy 16. BIRTHPLACE (city or town) Starford Co (State or country)	Accident, suicida, or homicide?
17. INFORMANT Crarles E, Allen (Addrass)	Where did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Place Broad Crus Data March 7937	Manner of injury
19. UNDERTAKER HIS Bailey Med,	24. Was disease or Injury in any way ralated to occupation of dacaased? 100 if so, specify 0-6-4
20. FILE March 25, 19 37, M. G. Hirk. Registrar.	(Signed) (Addrass) Declination

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	Mark I
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ACT C 1017	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	•		

Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECURD. Every item of inforstated EXACTLY. PHYSICIANS should properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE

V. S. No. 1

state

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Harfard	Registration Dist. No. 181
Village or City Oberdeen	No. St., Ward
7 (death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
1 1 11 1	
(A. A. O. · · · · O	
(a) Residence: No. Il and about (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH march 12 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Chinfield S. arnestrong	i HEREBY CERT! Ex That I attanded deceased Irom
6. DATE OF BIRTH (month, day, end year) Ofice 15. 185910	I lest saw Lez alive on Macele 11, 19.37; death is said
7. AGE Years Months Oays II LESS than	to have occurred on the date stated above, at L. Q. Q.m.
77 /0 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Clemerous Charme
SAWYER, BOOKKEEPER, etc	Chronic Fudocardity
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronie EndoCoellells
11. Total time (years)	
O this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town). That ford Co.	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Joseph arthur	
14. BIRTHPLACE (city or town) / Luxford	Name ol operation Oats of
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Greek	23. Il death wes due to external causes (VIOL ENCE) fill in also the lollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
(State or country) Vennsylvania	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mis to dette Fieldly	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Plece Dalfelo Cuillety Bata / Clu 14, 19.37	Nature of Injury
19. UNDERTAKER LENKY Jarking & Sous (Address)	24. Was disaasa or injury in any way related to occupation of deceased?
20, FILED Mar. 13, 1937 Q.C. Michael	(Signed) Wall V. Kriet M. D.
Registrar.	(Address) Cluettellity
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-THIS IS A PERMANENT REC stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may UNFADING INKsupplied. mation should be carefully -WRITE PLA

V. S. No. 1 N. B.—V

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	03025
1. PLACE OF PEATH	0.0		10-1
County Adj fardy	CO,	Registration Dist. No.	185
Village or City Awre h	e Grace	No. death occurred in a hospital or institution, give its NAME instead of str	St., Ward
Length of residence in city or town where death			ds.
2. FULL NAME	mas mal	II U. S. Veteran, specify WAR	ailey
(a) Residence: No.		St.,Ward.	W
DEDSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or to	
PERSONAL AND STATISTICA 3. SEX 4. COLOR OF RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male white-	OR DIVORCED (write the word)	Much (Month) (Dey)	, 193.7 (Yeer)
5e. If married, widowed, or divorced HUSBAND of		22-1 HEREBY CERTIFY, Thet I	ettended deceesed from
(or) WIFE of	11 21 10	Murch 21-, 193), 10. Mara	42/= 19.37
6. DATE OF BIRTH (month, dey, and yeer)	el 21, 183	I last saw h Salive on	19; deeth is sald
7. AGE Years Months	Days If LESS then 1 day,hrs.	to heve occurred on the dete steted above, etm. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importer	nce
9 Trade profession or particular	ormin.	were es follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rone	CA:00 B	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		Sill 1911	
SAW MILL, BANK, etc.	11 Totel time (veers)	-	
this occupetion (month end year)	11. Totel time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) Havre 1	De Grace	Other Contributory Conses of Importence:	200
(Stets or country)	und	_	
13. NAME Servetton	alley.		
13. NAME Septe Low 12 14. BIRTHPLACE (city or town) Trunk	elow !		eta of
(State of country)	10)11.00 a.	What test confirmed diagnosis? Wes t	
H Hlisus	and las	23. If deeth wes due to externel causes (VIOLENCE) fill in also the Accident, suicide, or homicide?	
State or country)	1/W.	Where did Injury occur?	
17. INFORMANT Of Stuly (Address) Stake & Frankle	St Havrede Foods	(Specify city or town, county Specify whether injury occurred in INDUSTRY, In HOME, or in PU	
18. By Bray, CREMATION OR REMOVED COM	Dete March 22,1937	Menner of Injury	
1 10 Patto	~	1	
19. UNDERTAKEN LEGG! TULLE	caou p	24. Wes diseese or injury in any way releted to occupation of dece	ased?
19. UNDERTAKEN CONTROL (Address) Persificial	le mid.	24. Wes diseese or injury in any way releted to occupation of dece	ased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Exa	mple I		Example II	
The principal cause of death of importance were as follows: Arterioselerosis	and related enuses	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 3 1900	July 5,1927	Peritonitis	3 days ago
	SUREAU V. S			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year
	William Francisco			
		1		

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. properly classified. mation should be carefully supplied. CAUSE OF DEATH in plain terms, so

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Starford	Registration Dist. No. 182
Village or City Bell - aux .	NoSt.,War f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos	sds. How long in U.S. if of foralgn birth?yrsmosd
2. FULL NAME dawn R: Ba	ley of U. S. Veteran, specify WAR
(a) Residence: No. Bal Cuin Md. (Usuki place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winth, word)	21. DATE DEATH (Month) (Day) (1937)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of A The Company of th	1 HEREBY CERTURY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 1. 1865	I last saw h_EV_aliva on March 75, 1927; death is sa
7. AGE Yaars Months Days If LESS than 1 day,hrs.	THE ALL CAUSE OF DEATH and leader of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, House work SAWYER, BOOKKEEPER, atc.	Hyperleusing Cardis Date of one
9, Industry or business in which work was done, as SILK MILL, At Home SAW MILL, BANK, etc.	with warked articocleros Kno
SAW MILL, BANK, etc. 10. Date dacaased last worked at this occupation (month and 1937 spent in this occupation year)	Other Contributor Chuses of importance:
12. BIRTHPLACE (city or town) Adarford Co., (State or country)	Seft Stemplegia 3/4/3
E 13. NAME Michel anderson	
14. BIRTHPLACE (city or town) Harford Cos, (Stata or country)	Name of operation
15. MAIDEN NAME/// ary and	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Harford Co.,	Accident, suicide, or homicide?
Walter Bailes	Where did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass) Bel - air 1994	
18. BURIAL, CHURATION, OR REMOVAL Compate 28, 1937	Manner of injury
19. UNDERTAKER St. S. Bailey	24. Was disaase or injury In any way related to occupation of decaased?
20. FILED March 27, 1937 Virginia Chambers	If so, specify (Signad) M.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

m

ż

3. 5

5a.

6. D

7. A

OCCUPATION

FATHER

MOTHER

10. Data deceased last worked at

14. BIRTHPLACE (city or town) /

(State or country)

(Stata or country)

16. BIRTHPLACE (city or tow

(State or country

15. MAIDEN NAME

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

this occupation (month and

	F DEATH		B)	027
Village or (V	le Grace No death occurred yrs mos	death/occurred in a hospital or institution, give its NAME instead of street and	Ward
(a) Resider	me Mol	Named . Bir.	ory Infant Ward.	
PERSON	NAL AND STATIST	TICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
EX Valu If marriad, widov	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193_7(Year)
(or) WIFE of		Mar 28-37	22. I HEREBY CERTIFY, That I attended	, 19
GE Yes		Days If LESS than I dayhrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Date of onset
kind of SAWYER 9. Industry or work wa	ssion, or particular work dona, as SPINNER, , BOOKKEEPER, etc business in which s done, as SILK MILL, IL BANK etc.	<u> </u>	Chemature	

11. Total time (years) spent in this

occupation

Harles John M. D. (Signed) Charles John M. D. (Address) Large de Mare M.

Whera did Injury occur?____

Manner of Injury

Nature of injury.

Name of operation....

Accident, suicide, or homicide?_____

What test confirmed diagnosis?_____ Was there an autopsy?__

(Specify city or town, county and State)

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disease or injury In any way related to occupation of deceased?

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	i	Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 3 1937	July 5,1927	Perilonitis	3 days ago
	SUREAU V. 3	•		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE OF DEATH		(82°a)	
County Farford		Registration Dist. No. / 8	2
Village or City		NoSt.,St.,St.	Ward
Length of residence in city or town where dea	th occurredmo	os ds. How long in U.S. if of foreign birth?yrsn	mosds
2. FULL NAME Curre	e C Ma	ezile	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Franke Thile 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAY 14 (Month) (Day)	., 193.7
a. If married, widowed, or divorced HUSBAND of	1		(rear)
(or) WIFE of	` .	122. HEREBY CERTIFY That I ettended	deceased from
6. DATE OF BIRTH (month, day, and yeer)	ue 6. 1852	I last saw h 21 alive on war 24 1937	; death is said
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6:25 P.m.	
84 10	/ 8. I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	uso Hife.	Osturio Roberous	Date of onset
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		D	
10 Date deceased lest worked at	11, Total time (years)	what thurstragg	14ar 41
this occupation (month end year)	spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	Mail	Other Centributery Causes of Importance;	
13. NAME I Womas	Brazile		
13. NAME MOTIVALE 14. BIRTHPLACE (city or town) (State or country)	1	Name of operation Date of	
(State of country)	cu's	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	y funer	23. If death wes due to external couses (VIOL ENCE) fill in also the followin	g:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	C 2	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT HIS SEO, (Address)	enest.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	.ACE.
18. BUNNAL CREMATION OF MEMORIAL CL	Date Mar 26, 193	Manner of injury	
19. UNDERTAKER Howless	UY 4000	24. Was disease or injury in any way related to occupation of deceased?	16
20. FILED Man 26, 197 NE	Richardson	(Signed)	M. D
	Registrar.	(Address) Log FLOVE	d w

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial 'nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage APR 7 1931	July 5,1927	Peritonitis	3 days ago
V. 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully

1. PLACE OF DEATH	1948)
County of the same	No. Harfore Manager of Hos fre fSt. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	los 2ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Milton Duck	If U. S. Veteran, specify WAR.
(a) Residence: No. Del G. (Usual place of abode)	St., Ward. Outside . If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
e. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, end year) Cat-29-1857	March 12 1937, to March 14, 1937 [last saw h time alive on March 14, 1937; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at Zi. 45 km.
80 5 /2 1day,h	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Infested tace
SAWYER, BOUNKEEPER, etc.	0//
9_Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc	Juneal Vigilland
SAW MILL, BANK, etc	Yand A stick of wood assidentally struck, him ler.
year) occupation	Other Contributory Causes of importance low his right agos inflicting a
2. BIRTHPLACE (city or town)	lacer ded-controsed wound. The latter become infect.
(State or country) Manyland	- ed, spreading, to his face and head.
13. NAME Your Bulk 1	Curson
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Delia Stollingsworth	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide? Accident Date of injury Murch 9, 1937.
16. BIRTHPLACE (city or town)	Where did injury occur?
D41_1-11A	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	at his home in his wood-yards
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Stick of wood struck him . telow night are
Piece Walers Muley Horosa Man 16, 193,	- Nature of injury Infections spaceding to force and head.
19. UNDERTAKER Deury VIoley	24. Was disease or injury In any way related to occupation of deceased?
(Addrass) Bel Our mer	
	(Signad) la harles y, apley M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Example I	Example II		
ne principal cause of death and related causes importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
teriosclerosis	1915	Attack of epilepsy	1 week ago
ronic interstitial nephritis	1921	Run over by street car	1 week ago
rebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDELLY			
ther contributory causes of importance:		Other contributory causes of importance:	
ıllstones	May 1,1923	Gastroenteritis	1 year
ther contributory causes of importance:		Other contributory causes of importance:	

MARGIN RESERVED FOR BINDING N. B.

1	3. S	5a.	6. E	MOTHER FATHER	12.	MOTHER FATHER	MOTHE	17.	19.	
			certificate	TION is very important. See instructions on back of certificate.	struction	See ii	mportani	is very i	TION	
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	Exact state	classified.	properly	at it may be	ms, so th	plain ter	EATH in	E OF DE	CAUS	
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	PHYSIC	XACTLY	stated E	E should be	lied. AG	Illy supp	be carefu	plnods	mation	
BENEFIT HERE I HAMINET, WATER CONTABINITY OF THE STATE OF	KECOMD.	TATAL CALL TATAL	TT W CI	CIII - WINI	DATE OF THE	10 11	TATE OF TA	TOTAL TOTAL	71111	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Francisco	Registration Dist. No. / 8 /
Village or City theor aborden	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME da May Dyro (a) Residence: No. 204 Worken ave (Usual place of abode)	By Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Morch 29, 193 (Month) (Dayy (Year)
5a. If married, widowed, or divorced HUSBAND of Chas W. Byod.	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Subt 11, 1873	1 last saw h. L. alive on Meerale 29, 1927; death is said
7. AGE Years Months Days Of LESS than	to have occurred on the date stated above, at 6,20 Pm.
63 6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, thomas SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific properties).	Goronory Thrombosis
year) occupation 12. BIRTHPLACE (city or town) New Workers	Other Coutributory Causes of importance:
(State or country) Tropon to Im.	
13. NAME W - Hurty Say Cor 14. BIRTHPLACE (city or town) aborder (State or country) May.	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sabre Amuth 16. BIRTHPLACE (city or town) Nor Worden (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT & M Jun Law (Address) Ferri your (10	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Low How Curk De Date Ope 1937	Manner of injury
19. UNDERTAKER John Js. LEnney (Address) 745 Lea Lk Soh	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Murch 29, 3 y Ob Michael Registrar.	(Signed) Suraney M. D. (Address) Servir Them Red

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		0 30 3	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

k

	1. PLACE OF DEATH	947
1	County Larford	Registration Dist. No. 183
		NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Edgar allen C	2 St. Ward.
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (w) the word)	21. DATE OF DEATH march // (Month) (Day) (Year)
ě	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Statice Mard Cause 6. DATE OF BIRTH (month, day, and year) Deeley 12 1876	19 196, to Man // 1937: death is said
certificate	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done as SIIK MILL	Colonary Thrombors 11/19/36
uo	SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
See instructions	(State or country)	Name of operation Date of
S	(State of Country)	What test confirmed diagnosis? Was there an autopsy? Z
ery important.	15. MAIDEN NAME Consolia Harle 16. BIRTHPLACE (city or town) Sweetain (State or country) Galle. co yell 17. INFORMANT Aff. Carrees (Address) Lawrettavolla	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
N is very	18. BURIAL, CREMATION OR REMOVAL Place Della Company Date March 13, 1937	Manner of injury
TION	19. UNDERTAKER CANDING TO THE MER. (Address) 20. FILED MAN 13 (1877 Thos R Brown Registrar.	24. Was disease or injury in any way related to occupation of deceased? Was if so, specify (Signed) Wellord P. Sudao M. D. (Address) Fourt Gull, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	3.		
Other contributory causes of importance:		Other contributory causes of importance:	74-43
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V LIE DORPO

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03032
1. PLACE OF DEATH	(8):20
County Harford	Registration Dist. No. 185
Village or City Havre de Guace	6.56 Maran
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in aity or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL WAME Lattie Virginia Cars	If U. S. Veteran, specify WAR
(a) Residence: Note 5 6 OTSetgo	St. Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale White Widowed	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	(Tably)
(or) WIFE of Odward 6. Carsumo	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Use. 7, 1858	I lest sewher alive on Mare 19, 1932; deeth Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
78 3 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Certain Aclerosis + Oate of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, James Outlier SAWYER, BOOKKEEPER, etc.	02 - 1 - 27 - 1
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this preparation (meth and	Atmorky
10. Date deceased last worked at this occupation (month end 137 spent in this 60% occupation yaar)	
12. BIRTHPLACE (city or town) Starford 6	Other Contributory Causes of Importance:
(State or country)	
13. NAME Charles Wills	
13. NAME Charles Wells 14. BIRTHPLACE (city or town)	Name of operation Read Oate of
(Stata or country)	What test confirmed diagnosis? Okacies Was there an autopsy?
15. MAIDEN NAMES ligabeth I topkeins	23. If death was due to externel causes (VIOLENCE) fill in also tha following:
15. MAIOEN NAME Ligateth Forters 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
Stata or country)	Where did Injury occur?
Miss Grace 6. Carsino	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Stave de Gears Md.	open, ment many eccurred in the country, in nome, or in reality reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Daker's Cenc. Date/Mar. 2492/	Nature of injury
1 Madre Mital all	
19. UNDERTAKER (Addiess), I have de Geace mid;	24. Was disease or injury in any way related to occupation of deceased?
2 66 02 7	(Signed) 40 Helice M. D.
1 00 PUTO / RA 29 10-37 /28 (1) / 1 / 1 / 1 / 1 / 1	(vi6ino)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhagé	July 5,1927	Peritonitis	3 days ago
APR 3 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
<u> </u>		· · · · · · · · · · · · · · · · · · ·	

mation should be carefully

TION is very important.

 TO LIMITE 67				
STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03033
1. PLACE OF DEATH	207-700
County Hardford	Registration Dist. No. 103
Village or City Devole de Seace	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurred 20 yrsmos.	
2. FULL NAME George Clius	If U. S. Veteran, specify WAR World was
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /
Male Neyro alworked	March 8 - 1937 (Month) (Oay) (Your)
5a. If married, widowed, or divorted HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
00 414 01 1000	19
6. DATE OF BIRTH (month, day, and yaar) World Grant Gr	to have occurred on the date steted above, atm.
Wout 380039 x 1 1day, J-hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca
8 Trade profession or particular	Ware as rollows: Date of one of Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9-Industry or business in which work was dona, as SILK MILL.	Caused by Treps
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	structo Typ of Styden
SAW MILL, BANK, atc	on reff. (Silvad
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Symual (State or country)	
13. NAME William Chase 14. BIRTHPLACE (city or town) Construction 15. NAME William Chase 16. State or country)	Neme of oparation
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Lewison	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Allyman (State or country)	Accident, suicide, or homicide Lieute Date of injury 19.3.7
(State or country)	Where did injury occurs (Specify city or town, county and State)
17. INFORMANT (Address) 4 / 9)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATINA, OF RESIDEN	Mannar of injury Stewest by trains
Placa Stoan Crest Data March ", 1937	Nature of Injury
19. UNDERTAKER Bullosto Tunnal Home	24. Was disease or injury in any way related to occupation of deceased?
(Address) Have all such.	(Signed) Trans + Carousus M.O.
20. FILED A	(Addrass) ablidelle Med Groner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	İ	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	PICELVEDI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 3 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. 3.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				-	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Oate of enset

M. D.

(Day)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 3 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 1921	Run over by street car	1 week ago
Cerebral hemorrhage V. 3.	July 5,1927	Peritonitis	3 days ago
E and the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STAT	E OF MARYLAND-	CERTIFICATE OF DEATH	03035
1. PLACE OF DEATH	-0 -	82.0	00
County Harrist		Registration Dist. No	83
Village or City / TO	nest Hell	NoSt.,	Ward
Length of residence in city of town	where death occurred 20 yrs mo	f death occurred in a horpital or institution, give its NAME instead of street and s	number)
2. FULL NAME 2	on Randolph	Daughton	
(a) Residence: No. 7	nest Hill m	dest. Ward.	
	(Usual place of abode)	If nonresident give city or town ar	id State
	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
make of the	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (was the word)	21. DATE OF DEATH marel 8 (Month) (Day)	193 7
5a. If married, widowed, or divorced HUSBAND of	1 2 7 01		(Teal)
(or) WIFE of Keense	e by saughton	HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year	July 23-1856	I last saw h alive on19	; death is sald
7. AGE Years Mor	Days If LESS than	to have occurred on the data stated abova, at 1127m.	,
80 7	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	10.1
8. Trada, profession, or particular kind of work dona, as SPINN SAWYER, BOOKKEEPER, etc	IER.		Oate of onset
kind of work dona, as SPINN SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at	1,000000	Cerebral Hemonlege	Feb. 15.
work was done, as SILK MILL SAW MILL, BANK, etc.	.,		
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	ocaupation	Other Contributory Causes of importance:	**
12. BIRTHPLACE (city or town)	resilente		
· (State or country)	73 64		~
13. NAME Shows 14. BIRTHPLACE (city or town)	a bengalor		
14. BIRTHPLACE (city or town) (State or country)	ml:	Name of operation Date of.	
	& Dreedt	What test confirmed diagnosis? Was there an	
H	larged es	23. If death was due to external causes (VIOLENCE) fill in also the following	-
O 16. BIRTHPLACE (city or town)(Stata or country)	Your	Accident, suicide, or homicide? Data of Injury Where did injury occur?	, 19
17. INFORMANT (Address)	Laughton	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ale) LACE,
18. BURIAL, CREMATION, OR REMOVAL	P	Manner of injury	
Place/ressety feel	Oate Marstell , 137	Nature of injury	
19. UNDERTAKER	int store	24. Was disease or injury In any way related to occupation of deceased?	
(Addiess)	elleville jak.	If so, specify	
20. FILE May 11 (137 8	thas P Brown	(Signed) Wellasa O- Hudso	M.D.
	Registrar.	(Address) 7-02 st Gell m	d

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: 10 1037	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L	200-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLA

V. S. No. 1

	Ever	CIAN	emen
	RD.	ISI	stat
ı	RECO	. PH	Exact
DING	ADING INK-THIS IS A PERMANENT RECORD. Ever	d. AGE should be stated EXACTLY. PHYSICIAN	s, so that it may be properly classified. Exact statemen
IN RESERVED FOR BINDING	S A PER	tated E.	roperly
3.U.	HIS I	be s	pe p
EKA	VK-T	plnods	it may
大五元	NG II	AGE	that
Z	ADI	d.	3, 50

STATE	OF	MARYL	AND-C	CERTIF	ICAT	E OF	DEA	TH
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03036

1. PLACE OF DEATH		(45.1)
County Harford		Registration Dist. No. 195
Village or City Have C	(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth? yrs. mos. ds.
2, 20	· A A A	1 . 1
2. FULL NAME/William	and. Defay	If U. S. Veteran, specify WAR
(a) Residence: No. 307 - G	Tourbon + 1	St., Ward.
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
ruale white	OR DIVORCED (write the word)	March 1 224, 193, (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (er) WHE OF LOWING	Borman Deplis	22. I HEREBY CERTIFY, That Lattanded deceased from
6. DATE OF BIRTH (month, day, and year)	Dec. 31-1863.	Vlast saw h alive on hearth 2 ,1937; death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, et
73 2	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	us of inst.	Date of officer
SAWYER, BDDKKEEPER, etc		They of the
work was dona, as SILK MILL, SAW MILL, BANK, atc.		- near
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	11. Total tima (years) spent In this occupation	Duration: two general
20	1 - 4	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) (State or country)	- de trace.	G f p
1 11	A labilly	- Aprilia
13. NAME TO LEVEL 14. BIRTHPLACE (city or town)	o essecu.	
4 14. BIRTHPLACE (city or town)	Citizion.	What test confirmed diegnosis?
IS. MAIDEN NAME Unk	nours/	What test confirmed diegnosis? Wes there en autopsy? 23. If daath was due to axternal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME CLIB		Accidant, suicida, or homicide? Date of Injury 19
(State or country)		Where did injury eneur?
17. INFORMANT Mrs, Larre (Address)	ie B. Dafskish	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	a country of	Menner of injury
Placa augal del	(Date mille 0 , 19 37	Nature of Injury
A. A	= wl o	24. Wes disease or injury in any way related to occupation of deceased?
19. UNOERTAKER CHARLES (Addrass)	Le es a co soldi	If so, specify
2 2 1	1 2 2 1	(Signad) To Maccey M. O.
20. FILED 1937 1937 1937 1937	la J. Ally h. D. Registrar.	(Addrass) Laca & G 40

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	The state of the s	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APP 3 1937	July 5,1927	Perilonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:	2	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

03037

1. PLACE OF DEATH County Stanford		Registration Dist. No. 183		
Village or City Tedus Length of residence in city or town when 2. FULL NAME Ada		No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) ssds. How long in U.S. If of foreign birth?yrs		
(a) Residence: No. Zeslez.	(Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Lemale 4. COLOR OR RACE Temale white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Paris) a word)	21. DATE OF DEATH (Month) (Day) (Jear)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elect Free	ancis	1 HEREBY CERTIFY, That I attended deceased from 197, to Oran 167		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Days If LESS than 1 day,hrs. ormln.	I last saw harmon allve on the date stated above, et		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this occupation	Other Contributory Causes of Importance:		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	etni ce n.c.	Name of operation Date of Was there an au'opsy?		
15. MAIDEN NAME G. 15. MAIDEN NAME G. 16. BIRTHPLACE (city or town)	mink C, mais md	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL Place Assertantle Date Marsh 7, 1937		Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?		
20. FILED Makey, 1937 F	hos P Brown Registrar.	(Signed) Charles (Lamburg M. D		

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Date of onset	The principal cause of death and related causes	Data of anast
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
(e*		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 03038
1. PLACE OF DEATH	
county Hanton Count -	(210-m) Registration Dist. No. 185
Village or City Have as Frade My	No. Houford Memoral Hasht, Ward death occurred in hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	death occurred in a norpital or institution, give its NAME instead of street and number) West Alexander of Institution, give its NAME instead of street and number) West Alexander of Institution, give its NAME instead of street and number)
2. FULL NAME walter Front Or	
(a) Residence: No. Park De Port 10-4 (Usual place of abode)	St., Ward. Or Deposit M. If nonresident give/city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
White- OR DEVORCED (ruple the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Child	22. HEREBY CERTIFY. That I attended deceased from 19 37 to 19
6. DATE OF BIRTH (month, day, and yea Quy. 20, 1925	I lest saw have alive on March 18 ,1937; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 A_m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:
8. Trede, profession, or perticular	Date of enset
kind of work done, as SPINNER, School SAWYER, BDOKKEEPER, etc.	Fractures Skulp
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	4
	Varalysis of Respiratory
this occupation (month and spant in this	Contedes &
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country) Maryland	F
13. NAME Coally Trans,	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(Stete or country)	Whet test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Margone alexandre	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of injury 2/18, 1937
(State or country) Many field	Where did injury occur? fast blekand cerel und
17. INFORMANT Malter Grant.	(Specify city or town, county and State) Specify whether injury occurred in JNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Port he Poart, Mil.	Aublic What
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury Stories by Julianibele
Pipel of leyeld Cem Cell Date March 2, 1937.	Nature of injury Is artisus Skeel .
19. UNDERTAKER LE a. Patterson	24. Was disease or injury in any wey ralated to occupetion of deceased?
(Address) Perryrille, Und,	If so, specify
10 51150 Map. 21 1097 Clarker & 20 >)	(Signed) La. C. Vancheul Coroner M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) _.

Registrar.

Have de Grad und

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of dcath and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUPFAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02039		
1. PLACE OF DEATH	23		
County Harfard	Registration Dist. No. 7.5		
Village or City Havre de Grace	No. Nassital St. Ward		
(If	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city of town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Strice Nagykurs	If U. S. Veteran, specify WAR		
(a) Residence: No. Yavre de Xrace, 1 (Usual place of abode)	Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Warch 1 103 7		
5a. If married, widowed, or divorced	(Month) (Day) (Year)		
HUSBANO of (or) WIFE of	22. Let HEREBY CERTIFY. That I attended deceased from 1937 to May 1 1937		
6. DATE OF BERTH (month, day, end yeer) Nov 14 1923	I lest saw h LU elive on Mul 1- 1937: death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6: 3.CA.m.		
2 13 2 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:		
8. Trade, profession, or perticular kind of work done, as SPINNER,	7		
SAWYER, BOOKKEEPER, etc.	Just namoer &		
work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month end year)	Jules Jerubnice		
12. BIRTHPLACE (city or town) Navre de Grace	Other Contributory Causes of Importance:		
(State or country) Mazyland			
13. NAME Calph Najerkus			
14. BIRTHPLACE (city or town) (State or country)	Name of operation		
(State of County)	What test confirmed diagnosis? Was there en autopsy?		
15. MAIOEN NAME Cla Maday 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:		
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19		
(State or country) Marchaeld,	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Mys. Ralphy Hawksens (Address) Lagre de Geace Ma	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, ON REMOVAL	Manner of injury		
Place Skures · Oate Millelle 2, 1937	Nature of injury		
19. UNDERTAKER Dellock time of House	24. Was disease or injury in eny way releted to occupation of deceased?		
20. FILEO Mar. 3. , 1937 Charles J. Paley Mid. Registrar.	(Signed) (Address) (Address) (Address)		
If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		F (2 4.	W.	

	Evel	CIAL	eme	
	RITE PLANLY, HUNFADING INK-THIS IS A PERMANENT R. RD. Even	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAI	USE OF DEATH in plain terms, so that it may be properly classified. Exact statemen	
4	5	PH	act	
	R	Υ.	Ex	
5	ENT	IL	ed.	
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N	SRM	N	cla	ຜູ້
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FOI	IS	state	prop	ertif
MARGIN RESERVED FOR BINDING	SIL	pe	pe]	N is very important. See instructions on back of certificate.
RVE	E	pln	nay	ack
SEI	NK	sho	it r	on b
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F	E P	shot	OF	s vel
	RITI	ion	SE	Z

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address) 18. BURIAL, CREMATION, OR REMOVA

19. UNDERTAKER (Address)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town (State or country)

13. NAME

FATHER

MOTHER

should state OCCUPA.

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	02040
1. PLACE OF DEATH		anav		()()()
County Too for	•••	740	Registration Dist. No.	184
Village or City	lle	Np. death occurred in a hospital or institu	tution give its NAME instead of	_St.,Ward
Length of residence in city or town where death		ds. How long in U.S. if		
2. FULL NAME PLICE C	Belle De	opa see	for	
(a) Residence: Np.		St., Ward.		******
	(Usual place of abode)		If nonresident give city or	
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL C	CERTIFICATE OF DE	EATH .
	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	March (Day)	, 193.7. (Vear)
HUSBAND of Growil	le Hops		Y CERTIFY, That I	
5. DATE OF BIRTH (month, day, and year)	9 1875	I last saw h alive on		, 19; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stat The PRINCIPAL CAUSE OF DEA were_as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	suife		L dead at	Z
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			the probable	Ply
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	an grown for		

spent in this occupation _. Other Contributory Causes of Importance: What test confirmed diagnosis? Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19____ Where did injury occur? ... (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased If so, specify (Signed). Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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I UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-sumplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. -WRITE PLANLY, W

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Harford	Registration Dist. No.
Village or City Havre de Grace 177 C	No. 2Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Parsorie 6 lighth Hope	If U. S. Veteran, specify WAR
(a) Residence: No Havre de Grace N. 7	€# 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrig the word)	21. DATE OF DEATH Mar. 24, 193 1
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Caug 26/921	Hast saw her aliva on Mar. 2.4, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
15 7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	Interculous Preuneonia 3/21/37
The construction of the co	
12. BIRTHPLACE (city or town) Harford Co	Other Contributary Causes of importance:
(State or country) h Madi	Prelinavary bulerculoris 1930
13. NAME Toket L. Hopekins	<i></i>
13. NAME (otest). Hope Removed 14. BIRTHPLACE (city or town). Harford 6.	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy? We
15. MAIDEN NAME THE THE TOTAL OF THE TOTAL O	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 15. 6 the M. Hopeles (Address) August de Brace Mill. Ct. O. F.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL C 711 75 3	Manner of injury
Place Det Mar. N / 192/	Nature of injury
19. UNDERTAKER Madrica Mitchell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Have de Beser Ma.	If so, specify W.E. S. Plans
20. FILED MAN 27 , 1937 Berehw B. Fright.	(Signad) (Signad) (Address) & arling ton, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		<u> </u>

V. S. No. 1

STATE OF	MARYL	AND-CE	RTIFICA	TE	OF	DEATH
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03499		0	3	4	9	9	
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1. PLACE OF DEATH	9450
County Farford	Registration Dist. No. / 8
Village or City Propristille	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Space to buls	hart
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month Month (Year)
5a. If marriod, widowed, or divorced HUSBAND of	()
(or) WIFE of Comma Thukhart	22. I HEREBY CERTIFY, That I attended deceased from
C 2 . 10-14	talled after allays
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h alive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
3 22 ormin.	were as follows:
E. Trede, profession, or particular	P PA
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceesed last worked at this occupation (month and	Protably augural Vectoris
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
year) occupation year	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	0 1 -
(State ar country)	Judigistion
13. NAME Longe Ht Toulskart	
13. NAME Story of pulstant	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Prans Consul Channel	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Comments 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) State or country)	Where did injury occur?
S DI . I .	(Specify city or town, county and State)
17. INFORMANT CANADA COMPANY (Address) Strumbal Com	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mondrell Date Mondred, 1937	Neture of injury
2/ 1/ 1 2/ 1/-	24. Was disease or injury in any way related to occupation of Gleased?
19. UNDERTAKER (Address)	If so, specify
m 1 Da	Consider the state of
20. FILED/NAV 27 , 1937 This IT nown	(Signed Starting Ca)
Registrar.	(Address) www.s.s.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsu 1 week ago Arteriosclerosis 1915 04:19U8 Run over by street car. 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage Julu5.1927 Peritoniti 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1.1923 Gastroenterite Gallstones 1 year

BINDING

RESERVED

MARGIN

Date of onset

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I	1	Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage APR 7 1931	July 5, 1927	Peritonitis	3 days ago		
BINEAU					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

CTATE OF MADVIAND CEDTIFICATE OF DEATH PHYSICIANS should state H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY, W V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 03043
1. PLACE OF DEATH	3
County Asset County	Registration Dist. No. 184
Village or City fly leadle	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the a hospital of institution, give its 174/112 instead of street and number) ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Jumaned John	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH M.
Temale Colored	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. LAHEREBY CERTIFY That Lattended deceased feet
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Warch 31, 1937	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or perticular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Trematine (Stillon)
S. Hade, profession, or perincella, or perincella for the find of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation from the and the second in this second in this second in this second in this second in the second in t	
SAW MILL, BANK, etc	
O this occupation (month and spent in this year) occupation	
70	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME (
E Carried ()	Name of the State
(State or country)	Neme of operation
15. MAIDEN NAME Come Miller	What test confirmed diagnosis?
I Vaccor	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT Calon of the Control o	The second states of the secon
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tyleville My Date april 1, 19-37	Nature of injury
19. UNDERTAKER Calvin Johnson Father of chie	24. Was disease or injury in any way related to occupation of deceased?
(Address) Vine Pylesville Md.	If so, specify
20. FILED Mar. 3/21 1934 176 & Machall	(Signed) F. 6 - At Thur M.D.
Registrar.	(Address) Cardiff Mid
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic in stitual nephritis 1921 Run over by street car 1 week ago Cerebral nemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	STATE	OF	MARYL	AND-	-CERT	IFICA	TE	OF	DEAT	H
--	-------	----	-------	------	-------	--------------	----	----	------	---

03044

1. PLACE OF DEATH	90
County Harford	Registration Dist. No. 84
Village or City Whileford	NoSt.,Ward
40	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
Length of residanca In city or town whera daath occurred	sys.
2. FULL NAME & Monno 10 10 10	vo .
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAPE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mole 119 with Changes (write the ford)	March 30, 1937 (Month) (Day) (Year)
5a. If merried, widowad, or divorcad	(mginti) (bay) (tear)
HUSBAND OF COMME SOME	22. I HEREBY CERTIFY. That I ettended decaesed from
0 1/ 16/05	Mark 15 1936, to March 25-, 1987
6. DATE OF BIRTH (month, dey, and year) Mac/6- 1863	i last saw have alive on March 25, 19.3.7; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on tha date stated above, at X
/ / ormin.	wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Unlesis sileroni, by proteins
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and	followed by galagrene
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	regulf lkg of
10. Date deceased last worked at this occupation (month and 1972	1 1
year)	Other Court of Court
12. BIRTHPLACE (city or town)	Dther Coatribatory Causes of importance:
(Stata or country)	
II 13. NAME JAMES	
13. NAME JAME 14. BIRTHPLACE (city or town) Md	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Violet & Wright	23. If death wes due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) O Mad O	Accident, suicido, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17 INFORMANT Timo Carrie Lones	(Specify city or town, county and State) Specify whathar Injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Whitefred) and.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Stary rung comp Date wy 2 190/	Natura of injury
19. UNDERTAKER D. W. Holden	24. Was disaase or injury in any way related to occupation of decaased?
(Addiess) Delle 18	If so, specify
20. FILED april 120, 1987 M. J. J. Mchabb	(Signed) M. D. M. D.
Registrar.	(Address) and diff

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 4.0	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	•				

THE SELECTION OF THE SE

Registration Dist. No. (if death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. If U. S. Veteran, specify WAR. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH to have occurred on the date stated above, at 10:30 km The PRINCIPAL PAUSE OF DEATH and related causes of importance. Oats of onsat Name of operation 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19_____ (Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of dacassad? (Signed) Registrar. (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Control Parks Annual Control			

N. B.

(Addrass)

	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	3046
1. PLACE OF	F DEATH	32		
County	Harfords	ev ?	Registration Dist. No. / 8	2
Village or C	ity bec	lu ma	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of resi	dence in city or town where d	L	death occurred in a nospital or institution, give its IVAIVIE, instead or street and	
	- G	h 004		
2. FULL NA	ME Stack	Morris Jan	May If U. S. Veteran, specify WAR	
(a) Residen	ce: No. The	(Usual place of abode)	St., Ward.	d Same
PERSON	IAI AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	3 Syste
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
frank	white	OR DIVORCED (write the word)	Mus 26 (Month) (Day)	., 193.7 (Yaar)
5a. If marriad, widow HUSBAND of (or) WIFE of	Hugh D.	Lavery	22. I HEREBY CERTIFY, That I attended	22
	0	2000	man 26	19.2.4.
	(month, day, and yaar)	Days If LESS than	I last saw h alive on 19-3	_; daath is said
7. AGE Yea	Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated ebova, at	
		ormin.	were as follows:	Date of onset
8. Trede, profes	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	nunc	Cerebran Remorrhage	-
work was	business in which s dona, es SILK MILL, LL, BANK, etc			
U 10. Date decees	ed last workad at pation (month and	11. Total tima (yaars) spant In this occupation		
	B.1	P	Other Contributory Causes of importanca:	
12. BIRTHPLACE (cit	- /-	ur.	1 typesternon	
13. NAME 14. BIRTHPLACE	Jahm J.	yewell	· · · · · · · · · · · · · · · · · · ·	
14. BIRTHPLACE	(city or town) Com	ifo Jaroli	Name of operation Date of	
) (Stata of	country)	1 mil	What test confirmed diagnosis? Was there an	autopsy?_20
15. MAIDEN NA	ME Grace Ca	an Stairs	23. If deeth was due to external causes (VIOLENCE) fill in elso tha following	ng:
15. MAIDEN NA 16. BIRTHPLACE	(city or town) Me	wfort It	Accident, suicide, or homicide? Date of injury	
17. INFORMANT	Ruleund	Yewell	Where did injury occur?	ate) LACE.
(Addrass)	Bell	Dermil		
19 BUDIAL CDEMAT	TION OF DEMOVAL			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signad)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1937	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 113047
1. PLACE OF DEATH	93.0
county tarford	Registration Dist. No. 180
Village or City Lag Ewood	No. St, Ward
Length of residence in city of town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?yrsmos,ds.
2. FULL NAME Verthaning M	etr
(a) Residence: No. Lde Euroad - "	Ward. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH War 2 193.7 (Month) (Day) (Year)
5a. If married, widowed for divorced HUSBAND of (or) WIFE of Frequency (or) W	22. 6 HEREBY CERTIFY, That I attended deceased from 1936, to Mar 2, to 37
6. DATE OF BIRTH (month, day, end year) Tely 27-11858	last saw have alive on War Z, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10. Pm.
78 7 Z 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of orset
SAWYER, BOOKKEEPER, etc.	Grand-Rarross -
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, While SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIŁK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1926 spent in this spent in this	My vearded,
year) 1774 occupation	Other Contributory Causes of importance IDII MICHE MAN, -
12. BtRTHPLACE (city or town)	Office Continuous Causes of Importance : 0 to 30 / 0 500 / MM Z
(State or country)	A
13. NAME 14. BIRTHPLACE (city or town)	•
14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
	23, If deeth was due to external causes (VIOLENCE) fill In also the following:
[Stete or country]	Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT M Harry Right (Address) Fide Eurotock	(Specify city or town, county and State) Specify whether injory occurred in tMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlacePhiladelphia, Pa. Date March 5.19.37	Nature of injury.
19. UNDERTAKER Howard K. McComas.	24. Was disease or injury in any way related to occupation of decessed?
(Address) Abingdon, Md.	tf so, specify tf so, specify
20. FILED March 3, 19 37 & mily of Shipley	(Signed) M. D. (Address) S. L. F. L
If more blanks are needed address Chata Parish w	N Chala Cara Pair Paris

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Vydy 5,1927	Peritonitis	3 days ago
Other will be will be will be a second of the second of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	ELKINICATE OF BEATH
County Harland Co.	Registration Dist. No. 183
Village or City Harlord Memorial	0./
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town whera daath occurredyrsmos	A service of the serv
2. FULL NAME harles It. Muck	If U. S. Veteran, specify WAR
(a) Residence: No. Serry (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Thate 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH march 19 (Month) (Day) (Year)
5a. If married, widdwed, or divorced HUSBAND of (or) WIFE of , Kuknawa.	22. I HEREBY CERTIFY, That I attanded decaased from
6. DATE OF BIRTH (month, day, and year) Jan. 1, 1869.	I last saw h. Associative on March 19, 19 7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:30 A.m.
68. 2 ms. 18. 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Thronic Myseardella
work was done, as SILK MILL, Canfeetten SAW MILL, BANK, etc	O knowing Dif fuse deflutes
10. Date deceased last worked at	Hypixtuklm
this occupation (month and spent in this occupation occupation	wante
12. BIRTHPLACE (city or town) Sunning Sun Ind.	Other Contributory Canees of importance:
(State or country)	
13. NAME John Mickle 14. BIRTHPLACE (city or town) Must.	
4. BIRTHPLACE (city or town) M.	Name of oparation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Anna Blemming 16. BIRTHPLACE (city or town) Md.	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of injury19
Mrs. R.C. Toheller	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT of 3 - Lot St., Co as Gart, (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Placa Date hallingham Date Mar. L. L.19	Natura of injury
19. UNDERTAKENT - Madreson Michell	24. Was disease or injury in any way ralated to occupation of deceased?
(Address favre de Grace, Md.	If so, specify
20. FILED Mas. 22, 1037 Charles & Faley M.S	(Signed) Kaples J. Jalyy M. D.
// Registrar.	(Address) Slaaref de Efface, M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	fi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MAP 31 1937

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLANLY, W. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(15) (15) (15) (15) (15) (15) (15) (15)
County Harford	Registration Dist. No. /8
Village or City alludeen B. F. D.	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsds.
11 (01-17 7	
2. FULL NAME Wach IV. Juston	If U. S. Veteran, specify WAR
(a) Residence: No. Carata June Ward (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE. OR DIVORCED (write the word) Male Married Married	21. DATE OF DEATH THE 18 193 7 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (ca) WIFE of Caraline Duston	22. HEREBY CERTIFY. That I attended deceased from Aurel 17, 1937, to March 17, 1937.
6. DATE OF BIRTH (month, day, and yeer) Sules 3 - 1871	I last saw him alive on Allacel 12 , 1937; death is sald
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 9,-15-9,-m.
65 8 1- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, farmer SAWYER, BOOKKEPER, etc.	Chrisic Myocast tra 1930
SAWYER, BOOKKEEPER, etc. Further	Carmes interstital replactes - 1935
work wes done, as SILK MILL, SAW MILL, BANK, etc.	acute pulmmay Oslema \$17/37
11. Total time (years)	
year) G-3-/ occupation - 7-5-740	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Auntwick Co	artemoeleva.
(State or country) maryland	
14. BIRTHPLATE (city or town) Harful Cv	
14. BIRTHPLATE (city or town) Andred Cv. (State or country) Manufacture	Name of operation Dato of
- Company	Whet test confirmed diagnosis? Was there an autopsy?
I	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?, 19, 19, 19
20 Paril . A Sat	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Whenden Md R. F. &	openly whether injury occurred in introduction, in nome, or in robelo reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Calvy Lernety Date Mary 21 4, 19.77	Neture of injury
19. UNDERTAKER Servey Javing Sons (Address) Jahrden. Ind	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar. 19, 19 87 O.C. Michael Registrar.	(Signed) Frank Webert M. D. (Address) Laure de frace Manfand
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting VIS. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example	1/6	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

(Day)

That f attended daceased from

Date of onset

What tast confirmed diagnosis?_____ Was there an eutopsy?_. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. (Specify city or town, county and State) whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disaase or injury in any way related to occupation of daceased? (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones V. S	May 1,1923	Gastroenteritis	1 year

certificate.

TION is very important. See instructions on back of

FOR BINDING

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state

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-20
County Aurpour	Registration Dist. No. 18 U
Village or City Rocks	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME FORM Delvie	Reedy
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIFORCED ("urige")	he word) 3/2-5 1937
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. MI HEREBY CERTIFY, Thet I attended deceased from 21, 1937, to man 25, 1937.
6. DATE OF BIRTH (month, day, end year)	165 I last saw har alive on 23 an 25, 1937; deeth is said
	ESS than to have occurred on the date stated above, atm.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Date of onset
9. Industry or business in which work wes done, as SILK MILL.	Browelinelasis 1 wkg
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spent in this occupation occupation.	5)
7	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	Ch. Myocardial Miseuse 3 ym
13. NAME Soloman Beedy 14. BIRTHPLACE (city or town).	<u> </u>
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town). Polly Dave. (State or country)	Accident, suicide, or homicide? Date of injury19
O 16. BIRTHPLACE (city or town)	Where did injury occur?
a react	(Specify city or town, county and State)
17. INFORMANT CAR MINISTER (Address)	Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M/ 3000 Date Mercle 2	/_, 193/ Nature of Injury
Chairs Ha	24. Was disease or injury In env way related to occupation of deceased?
19. UNDERTAKER (Address)	
(Address)	If so, specify
20. FILED/Nav 27, 1937 that 17/20	www (Signed) M. D.
	Registrar. (Address) 7-0487 Hell McA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ALLEYEAU TO THE STATE OF THE ST			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

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MARGIN

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis. 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

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should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13052
1. PLACE OF DEATH	(E)
county Harford Co	Registration Dist. No. 182
Village or City Bel Air Jyd	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
11/17	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME A/GENT TOSE	If U. S. Veteran, specify WAR
(a) Residence: No. Delle mu	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male Coloned OR DIVORCED (write the word)	Mar 12 193 7
- Melenn	(Month) (Day) (Vear)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	24 I HEREBY CERTIEY, That I attended deceased from
(or) with or	March 12 1937, 10 March 12 1937
6. DATE OF BIRTH (month, day, and year) Zuckum	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
About 40 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Provision's called to Dage this matient found
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Judustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Judden Death him dead, 3-12-3
North was done, as SILK MILL.	Probably acute Custin
work was done, as SILK MILL, SAW MILL, BANK, etc.	(Cardiai Failure) unable to got on his
10. Date deceased last worked at this occupation (month and year) spent in this occupation	toy of previous disease. No further information.
уеат) Сестрания	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	W
4. BIRTHPLACE (city or town)	Name of operation Oate of Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Massey Maddox	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Alleford Con House Date Man 13, 1937	Manner of injury
riace / working one resemble balls	Nature of Injury
19. UNDERTAKER Decly Lesle	24. Was disease or injury in any way related to occupation of deceased?
(Address) Belling mill	If so, specify A A A A A A A A A A A A A A A A A A A
20. FILEOMAN 19, 137 n E Kichendson	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis FCEIVEU	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7 1931	July 5,1927	Peritonitis	3 days ago
well-tall V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	301		

Patient was dead on arrival;	TEMENTS BY PHYSICIAN Lod not see palent
previously and up to the true	of death was affarantly
	Mystavis mi)

mation should be carefully supplied.

N. B.-WRITE PLAIN

V. S. No. 1

TION is very important.

(Address)

00052

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Narford	Registration Dist. No. 185
Village or City Heure ble Grace	No. No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsmo	os
2. FULL NAME Thamas John	If U. S. Veteran, specify WAR
(a) Residence: No. Bel Qir Md. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 31, 1937
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceesed from Much av., 1947, to Darch 31., 1947
6. DATE OF BIRTH (month, day, end yeer) Queq 31-1868	I last saw h. www elive on nach 31, 1927; deeth Is sald
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, etm.
68 day,hrs	The PRINCIPAL CAUSE OF DEATH end releted gauses of Importence were as follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Chumo hyocardetes
SAW MILL, BANK, etc	Published
	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country) Waresland	
13. NAME Martie Habin	Cachexia.
13. NAME / Kartue Sabiu 14. BIRTHPLACE (city or town).	Name of operation Dete of
(State or country) Irelands	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Eller Saughlery	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Cleve Slaughlary 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
27. INFORMANT Saste de Grace Raspital (Address) Nexe de Grace Marjital	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Piece S. Praccio Cens. Dete Apr. 2, 193	Menner of Injury
19 UNDERTAKER SV. R. Mc Concas	24. Wes disease or injury In any way related to occupation of deceased?

Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

tf so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of emilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: AULDELLI V. Gallstones May 1.1923 Gastroenteritis 1 year

HITS OF	
TATE OF	MARYLAND—CERTIFICATE OF DEATH

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STATE OF MARYLAND	CERTIFICATE OF DEATH 03054
1. PLACE OF DEATH	900
County Harford,	Registration Dist. No. 185
Village or City Have te Frace,	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Welsh	If U. S. Veteran, specify WAR
(a) Residence: No. 700. So. Minimulation (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR DR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word) Wild wer	21. DATE OF DEATHMarch 1 St , 193 7 (West)
5a. If marriad, widowed, or divorcad HUSBAND of	
(or) Wife of maref in eyes welsh.	22. HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, end year) april 16-1854	I last sew h; daath is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 12 a.m.
82 10 18- 10 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	74
work was done, as SILK MILL, SAW MILL, BANK, etc.	corony montons
10. Date deceased last worked at 11. Total time (years)	
O this occupation (month and spent in this occupation	
12, BIRTHPLACE (city or town) Baltimore	Dther Contributory Causes of Importanca:
(State or country) Maryland	Mileus Scleroses
13. NAME Patrielo Welsh.	
13. NAME Patriell Welsh. 14. BIRTHPLACE (city or town).	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Bridget & abert.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Bridget Faley, 16. BIRTHPLACE (city or town).	Accidant, sulcide, or homicide? Date of injury
State or country) Luciand	Where did injury occur?
17. INFORMANT Duro, Mande Hollaham, (Addrass) Have de Grace md,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Met frim Date Mele, 4, 1937	Nature of Injury.
19 UNDERTAKER Semmy tout Sour.	24. Was disease or Injury In any way related to occupation of daceasad?
(Address) Have the Grace midy	If so, specify
20. FILED March 3, 1937 Charles J. Day M. J.	(Signed) James 26, Day M.
20, FILEDO A. C. Registrar.	(Address) Dom Dr Groce & ma

V. S. No. 1

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1 1 1 1 2 1 2 2 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year